

## TB HOME EVALUATION

### COMMUNICABLE DISEASE DIVISION

#### TB PROGRAM

3020 Rucker Avenue, Suite 100, Everett, WA 98201-3900  
425.339.5225 Fax: 425.339.5217

### Home Environment

Client has own room ☐ Yes ☐ No # bedrooms ? \_\_\_\_\_  
Residence: ☐ House ☐ Apt/Condo ☐ Mobile home ☐ Motel/Hotel ☐ Shelter ☐ Institution ☐ Other/Homeless  
Housing Assistance: Section VIII ☐ Yes ☐ No, *or* HUD ☐ Yes ☐ No  
# in dwelling: Adults \_\_\_\_\_ Children \_\_\_\_\_. Among them, Immunosuppressed : ☐ Yes ☐ No  
Adequate food resources: ☐ Yes ☐ No Adequate ventilation and heating ☐ Yes ☐ No  
Safe place for storing medication ☐ Yes ☐ No  
Home safety/ adaptive equipment ☐ Yes ☐ No Which \_\_\_\_\_  
Pets ☐ Yes ☐ No

#### Assessment/Comments

### Understanding of Disease

**Education:** ☐ < High School ☐ High School ☐ College ☐ Post –Graduate  
Drug/Alcohol Risk Factors ☐ Yes ☐ No ☐ N/A, *if yes*, willing to seek TX ☐ Yes ☐ No  
Adequate knowledge of Tuberculosis transmission ☐ Yes ☐ No

#### **Medications:**

Adequate understanding of medication side effects ☐ Yes ☐ No  
Adequate understanding of medication schedule ☐ Yes ☐ No  
Possible drug interaction: \_\_\_\_\_

#### **Treatment Plan:**

Understands need to keep doctor/clinic appointments ☐ Yes ☐ No  
Understands need to comply with requests for CXR/Lab/ DOT ☐ Yes ☐ No

#### Assessment/Comments

### Social Interaction

Adequate culturally appropriate social support system ☐ Yes ☐ No If Yes, Whom: \_\_\_\_\_  
Lifestyle consistent with treatment adherence ☐ Yes ☐ No Language limitations ☐ Yes ☐ No

#### Assessment/Comments

### Transportation

Client has a car ☐ Yes ☐ No Relative/Friend will transport? ☐ Yes ☐ No  
Client needs Health District transportation ☐ Yes ☐ No Client has access to bus service ☐ Yes ☐ No  
Knowledge of DSHS transportation assistance ☐ Yes ☐ No Client will need bus incentive ☐ Yes ☐ No

#### Assessment/Comments

\_\_\_\_\_

### Financial

Source of income: \_\_\_\_\_ Other sources: ☐ Food Bank ☐ Medicare ☐ Food Stamps ☐ WIC ☐ TANF ☐ SSI  
☐ Other assistance (Specify): \_\_\_\_\_

#### Assessment/Comments

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_